



James P. Argires, M.D. F.A.C.S Perry J. Argires, M.D. F.A.C.S Carl E. Becker II, M.D. Thomas R. Westphal, M.D.

Appointment Information

DATE: _____ TIME: _____

PHYSICIAN: _____ LOCATION: _____

Dear

Welcome to Argires, Becker & Westphal Group. We are dedicated to giving you the finest quality care in the field of Orthopedics and Neurosurgery. Please read the following information carefully as it relates to your first visit with us.

Please complete the medical history form that is enclosed and bring this with you at your first visit. Please bring all insurance cards with you so they may be copied for your permanent file. If this is a Worker's Compensation claim or a Motor Vehicle claim, bring the correct billing address, phone number, contact person, and claim number for the injury. Please be **prepared to pay any co-pay due** from your insurance according to your policy (sometimes indicated on your insurance card). **If a REFERRAL is necessary, please obtain one from your PRIMARY PHYSICIAN PRIOR to the visit and bring it with you. If you require a referral and do not have it with you at the time of your appointment, your appointment may need to be rescheduled.**

The second form is your medical background information. Please answer all questions as accurately as possible. **List all medications you are taking** on the medication sheet found at the end of this packet.

If there were any studies completed, i.e., x-rays, MRI's, etc., please bring the films with you if you were asked to do so when you made the appointment.

DISABILITY/FAMILY MEDICAL LEAVE FORMS

If you have forms to be completed due to time needed off work, please allow **10 working days** for completion. This is due to the amount of time and research these forms require. Any forms that require completion during this illness, there will be a \$15.00 fee per form, payment and must be paid prior to form(s) completion.

We also ask that if you request copies of your medical records, you allow **10 working days for these to be copied.**

FINANCIAL ARRANGEMENTS

Argires, Becker & Westphal Group participates with most major healthcare insurers. If you are unsure whether we participate with your insurance carrier, please contact our office. We request that your copay be paid at registration, or we will have to reschedule your appointment. We also ask that you bring along your **CURRENT** medical insurance card(s) to your appointment. As a courtesy to our patients, we will file the necessary claims to your primary insurance carrier.

For self-pay patients, payment is expected at time of service. If payment arrangements need to be made, please contact our Business Office at (717) 358-0800. Please refer to enclosed Financial Policy.

PRESCRIPTION REFILLS

Refills on prescriptions require 24 hour notice. Request for refills will be handled Monday through Thursday 8:00 a.m. through 5:00 p.m. After hours (after 5:00 p.m.) leave a message you will receive a call the next business day. Weekend refill request must be received by Thursday at 5:00 p.m.

SUMMARY

- Completed Patient Information Sheet
- Completed Medical History Sheet
- Current Health Insurance card(s)
- Worker's Compensation or Motor Vehicle Insurance information
- X-ray or MRI films (if necessary)

DIRECTIONS TO OFFICES

Health Campus

From Route 30 West – take 741 Rohrerstown Road Exit – turn right on Rohrerstown Road – traffic light turn right onto Spring Valley Road – first left Health Campus complex take first left into 2150 Harrisburg Pike.

From Route 30 East – take 741 Rohrerstown Road Exit – turn left on Rohrerstown Road – traffic light turn right onto Spring Valley Road – first left Health Campus complex take first left into 2150 Harrisburg Pike.

From Lancaster City – Harrisburg Pike to Rohrerstown Road – about 2.80 miles, turn left onto Rohrerstown Road and turn left at 1st light.

Columbia Health Center

Mount Joy/Marietta and North – Route 441 south – after crossing the Route 30 interchange, go 2 blocks after Burger King, turn left at Maple Street and go 4 blocks – Health Center is on the right. The entrance to The Westphal Group office is on the left side of the Health Center when you are facing the main entrance.

Lancaster/Mountville and East – Route 30 West to Columbia exit Route 441 – at stop sign turn left and go 2 blocks after Burger King – turn left at Maple Street and go 4 blocks – Health Center is on the right. The entrance to The Westphal Group office is on the left side of the Health Center when you are facing the main entrance.

Ephrata Office

Lancaster – to Route 222 North—to the Ephrata Exit Route 322--turn left onto 322 West--Follow the Hospital signs to Martin Avenue. Turn Right onto Martin Avenue the Medical Office Building/Ephrata Health Pavilion will be on the Left--3rd floor suite 340.

Parking is on the right.

CANCELLATION POLICY – NO SHOW

We request if you are unable to keep your scheduled appointment that you cancel no later than 24 hours prior to your appointment time. If you do not keep your appointment, and have failed to cancel your appointment, there may be a “NO SHOW” fee of \$30.00 charged to your account due upon your next visit each time you no show. We have a no show policy, the first no show you will receive a phone call to reschedule, the second you will receive a letter to reschedule, the third no show you will receive a discharge letter from the practice.

The above stated Cancellation Policy - No Show is effective for Physical Therapy appointments also. The “NO SHOW” fee for a Physical Therapy appointment/Office or Home Physical Therapy is \$20.00

We look forward to being involved in your healthcare and appreciate your choosing The Westphal Group to serve you.

Sincerely,

James P. Argires, M.D

Perry J. Argires, M.D.

Carl E. Becker, II, M.D.

Thomas R. Westphal, M.D.